



WILLOUGHBY HILLS FLAG FOOTBALL LEAGUE

Sponsored by the Willoughby Hills Boys League



REGISTRATION IS OPEN

REGISTRATION FEE: \$50

AGES: 5 TO 10 YEARS OLD

DATES: SATURDAYS SEPTEMBER 13 - OCTOBER 18

TIME: 9:30AM - 11:30 AM

LOCATION: ROEMISCH AND RICHMOND HTS

DEVELOPING A PRE-PRACTICE ROUTINE

LEARNING MORE ABOUT FUNDAMENTALS OF FOOTBALL

TONS OF PASSING, CATCHING, RUNNING AND SCORING TOUCHDOWNS

SIGN UP TODAY!!

PLAYER INFORMATION

NAME: _____ MALE _____ FEMALE _____

DOB: _____ Age: _____

PARENTS NAMES: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME NUMBER: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ EMERGENCY NUMBER: _____

EMAIL ADDRESS: _____

DEADLINE: SEPTEMBER 9

Registration Form Drop-off or Mail to:

City of Willoughby Hills, Attn: Recreation Dept. 35405 Chardon Rd. Willoughby Hills, OH 44094

If you have questions, please email:

Tom: tjelliott21@gmail.com or call: Tom Elliott: 440-749-0661 or WH Rec: 440-975-3540

WANT TO PARTICIPATE: COACH _____ MANAGER _____ SPONSOR _____

In order to have a successful season we need teams. In order to have teams we need coaches, managers and sponsors. If you are able or interested in helping make a successful season, please check your interest above and someone from the WHBL will contact you directly.

Release of Liability: I / We, the parents/guardian of the above, who is a candidate for a position in Willoughby Hills Football, hereby give my/our approval to their participation in any and all activities of the League. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify and hold harmless, the City of Willoughby Hills, Willoughby Hills Boys League, the organizers, sponsors, and supervisors, any or all of them. I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting the participant to or from our activities. I/We will provide a certified birth certificate of the above named player upon request league officials. In case of injury, I/We the parents/guardian of the above named participant will assume full responsibility for claims resulting from injury. I/We further grant permission for medical treatment in the event of an emergency.

I acknowledge that I have read and fully understand the "Release of Liability" statement above.

Parent's / Guardian's Signature

Date

Parent's / Guardian's Signature

Date